

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)

Summary Sheet FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.	491010 TOTAL PAGES IN ENTIRE GET 4 DEPOS
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CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title Date Signature of Candidate (if applicable) Date WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC/3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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Myla a. Eldridge



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
491010			
Page 2 of 2			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
33153helly 46 Ln 2/15/th 1622		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250.00	Z50.00	10/7/15
Code C 200 (10x POT 2009 1439 POUBOX 756/ Cycan wood Kny6142	Congress	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250.00	2500	12/7/15
Shrave For Sanate 101 W. Obio St glipl Englista 16204		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	HP:29	269.29	12/7/15
Code Mika Pance For Indiana 101 W. ON. 04 5 Wallso	GOVERN by	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	25000	250.00	12/7/15
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